

# Work Order ID 142030

February 23, 2016 2:36:45 PM

**\*142030\***

Page 1

Item ID: D117-840-011 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: BK117/EC145 Bearpaws with Wearplates  
 Start Date: 2/23/2016 Start Qty: 7.00 **\*7\*** Cust Item ID:  
 Required Date: 3/1/2016 Req'd Qty: 7.00 **\*7\*** Customer:  
 Reference:

Approvals: Process Plan: SAA Date: 20160223 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                              | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                                   |                      |         |        |              |               |               |                  |                |
| IIN-D117-840                   | B C <u>16.03.23</u>                                   |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   | DOCUMENT CONTROL                                      |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile & type labels per PPP D117-840-011 |                      | CHG 003 |        |              |               |               |                  |                |
|                                |                                                       |                      |         |        |              |               |               |                  |                |
| 160                            | Pick Kit                                              | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                                       |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                       |                      |         |        |              |               |               |                  |                |
|                                |                                                       |                      |         |        |              |               |               |                  |                |
| 170                            | QC4- 100% Inspect kits for completeness               | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                                       |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                  | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                       |                      |         |        |              |               |               |                  |                |

MAR 22 2016

FEB 25 2016

MAR 22 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER : <input type="checkbox"/>                                                                                                                                                   |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |

# Work Order ID 142030

February 23, 2016 2:36:45 PM

**\*142030\***

Page 2

Item ID: D117-840-011 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: BK117/EC145 Bearpaws with Wearplates  
 Start Date: 2/23/2016 Start Qty: 7.00 **\*7\*** Cust Item ID:  
 Required Date: 3/1/2016 Req'd Qty: 7.00 **\*7\*** Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 180                            | Packaging                                              | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                                        |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D117-840-011 |                      |         |        |              |               |               |                  |                |
|                                | Location: _____                                        |                      |         |        |              |               |               |                  |                |
|                                | PPP Rev: _____                                         |                      |         |        |              |               |               |                  |                |
|                                |                                                        |                      |         |        |              |               |               |                  |                |
| 190                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               |               |                  |                |
| <b>*190*</b>                   |                                                        |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                   | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                        |                      |         |        |              |               |               |                  |                |

MAR 22 2016

DAS

27

0.00

DAS

28

9.00

MAR 22 2016

MLJ

MAR 22 2016

MLJ

MAR 22 2016

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Step #: _____                                                                                                                                                                      | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | MRB (QS1042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QC / QA Coordinator Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                              |  |

# Picklist Print

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Page 1

Work Order ID: 142030

**\*142030\***

Parent Item: D117-840-011

**\*D117-840-011\***

Parent Item Name: BK117/EC145 Bearpaws with Wearplates

Start Date: 2/23/2016

Required Date: 3/1/2016

Start Qty: 7.00

Required Qty: 7.00

Comments: IPP REV:A NEW ISSUE 13-04-01 JLM VERIED BY:DD IPP  
REV:B 13.05.28 PER IIN D117-840 REV.A DD VERF:JLM IPP REV:C  
15.03.30 PER REV B JLM VERIFIED BY:DD IPP REV:D 16.02.23  
PER IIN REVC DD VERF:JLM

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|                |  |              |    |                 |  |  |      |                |    |                 |  |            |             |
|----------------|--|--------------|----|-----------------|--|--|------|----------------|----|-----------------|--|------------|-------------|
| D2274          |  | Manufactured | No |                 |  |  | Each | 378.0000       | 38 | 56 48           |  |            |             |
| <b>*D2274*</b> |  |              |    |                 |  |  |      |                | ** |                 |  |            |             |
| Radius Block   |  |              |    |                 |  |  |      |                |    |                 |  |            |             |
|                |  |              |    | <u>Location</u> |  |  |      | <u>Loc Qty</u> |    | <u>Loc Code</u> |  |            |             |
|                |  |              |    | FG              |  |  |      | 12             |    |                 |  | DAS 6 9-89 | DAS 28 9-89 |
|                |  |              |    | 86855           |  |  |      | 12             |    |                 |  |            |             |
|                |  |              |    | ST006           |  |  |      | 366            |    |                 |  |            |             |
|                |  |              |    | 138998          |  |  |      | 60             |    |                 |  |            |             |
|                |  |              |    | 140177          |  |  |      | 306            |    |                 |  |            |             |

|                  |  |              |    |                 |  |  |      |                |    |                 |  |            |             |
|------------------|--|--------------|----|-----------------|--|--|------|----------------|----|-----------------|--|------------|-------------|
| D3456-1          |  | Manufactured | No |                 |  |  | Each | 164.0000       | 56 | 56 48           |  |            |             |
| <b>*D3456-1*</b> |  |              |    |                 |  |  |      |                | ** |                 |  |            |             |
| Washer           |  |              |    |                 |  |  |      |                |    |                 |  |            |             |
|                  |  |              |    | <u>Location</u> |  |  |      | <u>Loc Qty</u> |    | <u>Loc Code</u> |  |            |             |
|                  |  |              |    | FG              |  |  |      | 7              |    |                 |  | DAS 6 9-89 | DAS 28 9-89 |
|                  |  |              |    | 25701           |  |  |      | 7              |    |                 |  |            |             |
|                  |  |              |    | ST038           |  |  |      | 32             |    |                 |  |            |             |
|                  |  |              |    | 136922          |  |  |      | 32             |    |                 |  |            |             |
|                  |  |              |    | ST038A          |  |  |      | 125            |    |                 |  |            |             |
|                  |  |              |    | 140756          |  |  |      | 75             |    |                 |  |            |             |
|                  |  |              |    | 141125          |  |  |      | 50             |    |                 |  |            |             |

|                  |  |              |    |                 |  |  |      |                |    |                 |  |  |  |
|------------------|--|--------------|----|-----------------|--|--|------|----------------|----|-----------------|--|--|--|
| D4012-3          |  | Manufactured | No |                 |  |  | Each | 6.0000         | 4  | 28 24           |  |  |  |
| <b>*D4012-3*</b> |  |              |    |                 |  |  |      |                | ** |                 |  |  |  |
| Cushion          |  |              |    |                 |  |  |      |                |    |                 |  |  |  |
|                  |  |              |    | <u>Location</u> |  |  |      | <u>Loc Qty</u> |    | <u>Loc Code</u> |  |  |  |
|                  |  |              |    | prelim          |  |  |      | 6              |    |                 |  |  |  |
|                  |  |              |    | 136912          |  |  |      | 6              |    |                 |  |  |  |

FEB 25 2016

FEB 25 2016

## Picklist Print

February 23, 2016 2:36:50 PM

Page 2

Work Order ID: 142030

\*142030\*

Parent Item: D117-840-011

\*D117-840-011\*

Parent Item Name: BK117/EC145 Bearpaws with Wearplates

Start Date: 2/23/2016

Required Date: 3/1/2016

Start Qty: 7.00

Required Qty: 7.00

D5377-1 Manufactured No

Each 3.0000

\*D5377-1\*

Bearpaw

DAS  
27  
9-89LocationLoc QtyLoc Code

prelim

3

140601

3

D5378-041 Manufactured No

Each 0.0000

\*D5378-041\*

Bearpaw Wearplate Assembly

D5379-1 27

\*D5379-1\*

Bearpaw Clamp

AN4C11A

Purchased No

Each 87.0000

\*AN4C11A\*

bolt

LocationLoc QtyLoc Code

OVER002

40

m134055

40

ST344

47

m134023

47

AN4C17A Purchased No

Each 46.0000

\*AN4C17A\*

BOLT

DAS  
27  
9-89LocationLoc QtyLoc Code

OVER002

20

m132803

20

ST343

26

114523

4

132767

12

m134142

10

DAS  
27  
9-89

Start Date: 2/23/2016

Required Date: 3/1/2016

Start Qty: 7.00

Required Qty: 7.00

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MAR 21 2016

MAR 07 2016

MAR 07 2016

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Shop Packet Print

Page 2

# Picklist Print

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Page 3

Work Order ID: 142030

\*142030\*

Parent Item: D117-840-011

\*D117-840-011\*

Parent Item Name: BK117/EC145 Bearpaws with Wearplates

Start Date: 2/23/2016

Required Date: 3/1/2016

Start Qty: 7.00

Required Qty: 7.00

MS21043-4

Purchased

No

Each

1,216.000

\*MS21043-4\*

Nut

\*\*

DAS

6 28  
9-89 9-89

Location

Loc Qty

Loc Code

|         |     |  |
|---------|-----|--|
| FG      | 40  |  |
| 104603  | 40  |  |
| GA      | 206 |  |
| m132803 | 206 |  |
| ST302   | 300 |  |
| m134249 | 300 |  |
| ST32    | 670 |  |
| m133769 | 670 |  |

DAS  
27  
9-89

NAS1149D0463J

Purchased

No

Each

5,123.000

\*NAS1149D0463J\*

WASHER

\*\*

DAS  
6 28  
9-89 9-89

Location

Loc Qty

Loc Code

|         |      |  |
|---------|------|--|
| GA      | 237  |  |
| M129390 | 41   |  |
| M132035 | 196  |  |
| ST263   | 3538 |  |
| M134039 | 3538 |  |
| ST269   | 1348 |  |
| M130799 | 360  |  |
| M132317 | 100  |  |
| M132677 | 888  |  |

DAS  
27  
9-89

FEB 25 2016

REFERENCE ONLY

## 4.0 WEIGHT AND BALANCE

| Installation         | Weight  | LATERAL |           | LONGITUDINAL |              |
|----------------------|---------|---------|-----------|--------------|--------------|
|                      |         | Arm     | Moment    | Arm          | Moment       |
| D117-840-011         | 27.7 lb | 0.0 in  | 0.0 lb-in | 204.1 in     | 5653 in-lb   |
| Bearpaw Installation | 12.6 kg | 0.0 mm  | 0.0 mm-kg | 5200 mm      | 65,520 mm-kg |

## 5.0 PARTS LIST

| QTY<br>(011) | Part Number   | Description                                 |
|--------------|---------------|---------------------------------------------|
| X            | D117-840-011  | BEARPAW INSTALLATION                        |
| 8            | D2274         | RADIUS BLOCK                                |
| 8            | D3456-1       | WASHER                                      |
| 4            | D4012-3       | CLAMP CUSHION (REPLACES D4012-1)            |
| 2            | D5377-1       | BEARPAW (REPLACES D4796-1)                  |
| 2            | D5378-041     | BEARPAW WEARPLATE ASSY (REPLACES D4798-041) |
| 4            | D5379-1       | BEARPAW CLAMP (REPLACES D4799-1)            |
| 12           | AN4C11A       | BOLT                                        |
| 8            | AN4C17A       | BOLT                                        |
| 20           | MS21043-4     | NUT                                         |
| 12           | NAS1149D0463J | WASHER                                      |